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indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
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appropriate All further COTI	respondence including the lector or directed otherwise	Patent advance on	ters and notif	PUBLICATION FEE (if requirements of maintenance fees, vinew correspondence address)	vill be mailed to the corrent	correspondence address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of sight) 7590 12/10/2004 SHERRY M KNOWLES ESQ KING & SPAULDING 191 PEACHTREE STREET ATLANTA, GA 303031763 AZ (14/2005 TILLIADS) 00000044 09436892				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
03/16/2005 ZJUHAR2 00000044 09436892			S. I.A.	Teri L. B	onica	(Depositor's name)	
01 FC:2501 700.00 OP				Fei L	Bonia	(Signature)	
02 FC:8001	T I DIEDVE			March 10,	2005	(Date)	
· APPLICATION NO.	FILING DATE	FIRST NAMED I		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/436,892	436,892 11/09/1999 RUSSELL M			. MEDFORD	04676.105045	7272	
TITLE OF INVENTION: METHODS AND COMPOSITIONS TO LOWER PLASMA CHOLESTEROL LEVELS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	03/10/2005	
EXAMINER		· ART UNIT		CLASS-SUBCLASS]		
GABEL, GAILENE 10				435-007920			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
AtheroGenics, Inc.				Alpharetta, Georgia			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual 🛎	Corporation or other private g	roup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
🖺 Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 1-0980 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See	e) 37 CFR 1.27.	D b. Appli	cant is no longer claiming SM	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
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March 10, 2005							

Authorized Signature

Typed or printed name Madeline I.

36,174 Registration No.

Johnston

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